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COMMUNITY SUICIDE AWARENESS EDUCATION for Team Charleston



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Integrity - Service - Excellence



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Responsibility to Self and Community

- **Social connections save lives**
- **Suicide prevention is everyone's business**
- **The key for prevention is early requests for help for self and others**
- **Help = Skills = Success**
- **Pride = Problems (divorce, impaired work) = ? (depression, hopelessness)**



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Coping and Problem-Solving

Coping and problem-solving are dependent on a combination of many things:

- **The extent, duration, and intensity of the problem**
- **The nature of the problem**
- **The number and type of co-occurring problems**
- **The presence of a social support network**
- **Spiritual beliefs**
- **Personal resilience**
- **Physical health**
- **The person's emotional reserves**



Protective Factors

Examples Associated with Prevention of Suicide

- **Effective coping and problem-solving skills**
- **Social & family support and connectedness**
- **Optimistic outlook**
- **Sense of belonging to a group**
- **Marriage**
- **Someone to talk to**
- **Easily accessible helping resources**
- **Church membership, view of God as loving**
- **Belief that it is okay to ask for help**
- **Sense of self-efficacy and personal control**
- **Don't accept responsibility for another's moods or behavior**



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Risk Factors

Examples Associated with Suicide

- **Severe, prolonged, or unmanageable stress**
- **Major life transitions**
- **A sense of powerlessness, helplessness, or hopelessness**
- **Substance abuse**
- **Loss of a relationship**
- **Intense loneliness,
“No one cares about me
so I might as well be dead”**
- **Severe depression,
or panic**
- **Family of origin
problems - parents
mental illness, abuse**
- **Negative social
interactions**
- **Academic/life failures**
- **Legal problems**
- **Firearm in the house**



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Examples of Modifiable and Non-Modifiable Factors

PROTECTIVE FACTORS

Modifiable

Physical Activity
Healthy Intimate Relationships
Social Supports
Willingness to Seek Help
Well-Developed Coping Skills

Non-modifiable

Female

RISK FACTORS

Modifiable

Alcohol Misuse
Depression or Other Mental Illness
Tobacco Use
Financial Problems
Easy Access to a Firearm
Poor Impulse Control
Social Isolation

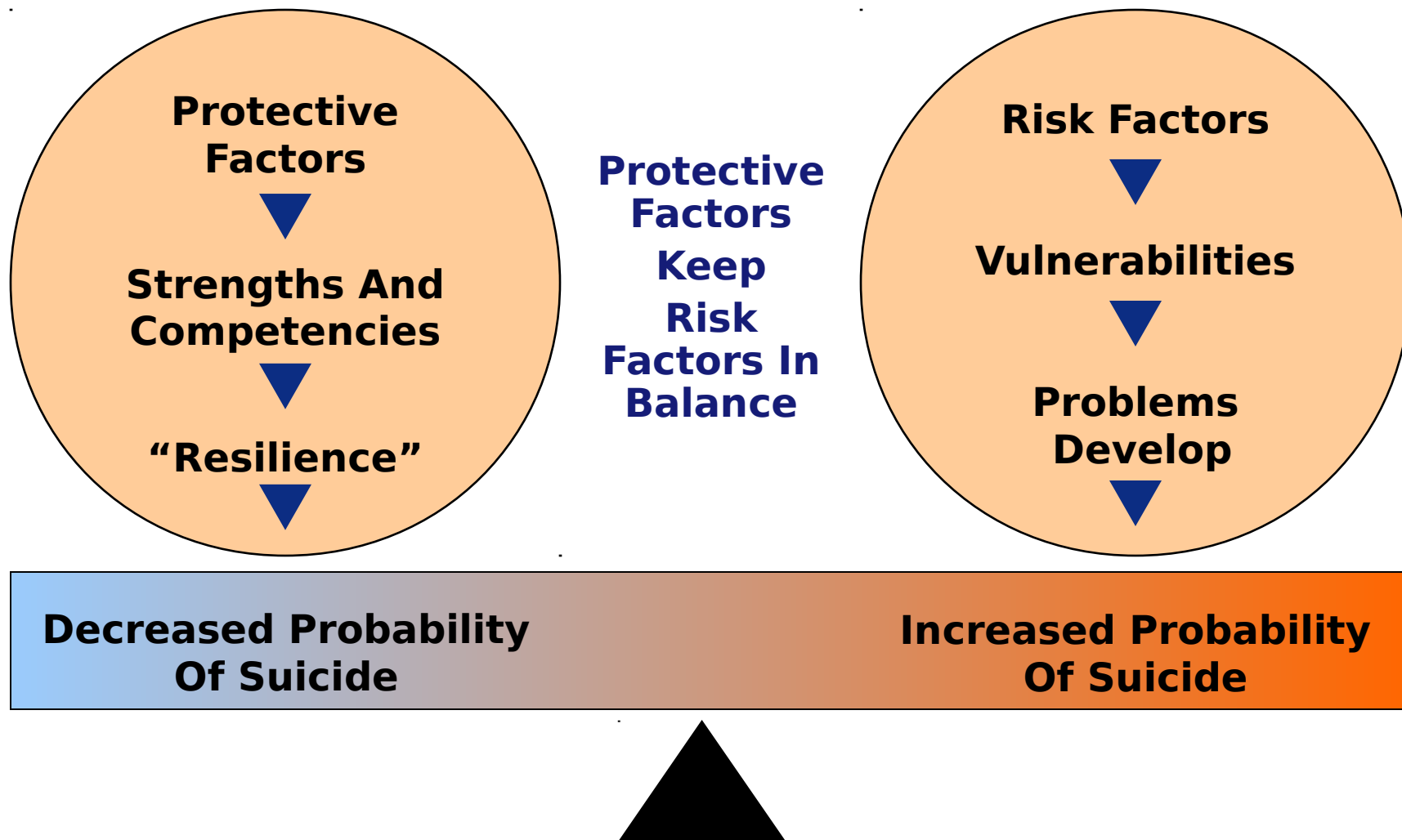
Non-modifiable

Male
Family History or Personal History
Age (young adults and elderly)



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Balance





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Suicide in the United States Air Force



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Top Factors Associated With Completed Suicides by ADAF Members

- **White, male, age 25-34**
- **Divorce or rejection by significant other !!!**
- **Multiple indicators of vulnerability (e.g. relationship problems, financial problems, legal problems, alcohol abuse)**
- **Few seek Life Skills Support Center help, but might see medical provider for physical concerns (poor sleep/concentration, fatigue)**



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Limited Privilege Suicide Prevention Program (LPSP)

- **AFI 44-109, Mental Health, Confidentiality, and Military Law**
 - **Objective is to identify and treat those who pose a genuine risk of suicide because of impending disciplinary action under the UCMJ**
 - **Unit, OSI, SFS, ADC must “hand over,” escort/refer to Life Skills**
 - **SQ commander decides to enter member into program**
 - **SQ completes CDE paperwork, LSSC confirms suicide risk**
 - **Information when in program can’t be used as basis for, or in nature of discharge**
 - **Limited Protection: Commander, OSI can still know but not use**
 - **Protections end when no longer suicidal and released from program - joint decision of LSSC and commander**



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Critical Incident Stress Management

- **AFI 44-153 establishes a multidisciplinary Critical Incident Stress Team (CIST) at each base**
- **It is intended for people experiencing NORMAL stress associated with potentially traumatic events**
- **In the event of a critical incident Local command post notifies CISTs team chief**



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The Air Force Community

“Please go the extra mile to foster a sense of belonging. Make sure your people feel they are a member of the team at unit functions and other small gatherings. It has been repeatedly demonstrated that social connections save lives... Let’s ensure we take care of our own - our Air Force Family.”

General Michael Ryan



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Self Care



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Actions and Attitudes that Encourage Others to Seek Help

■ Self-Referral

- Best option for most problems, (non criminal)**
- Commander/supervisor should encourage**
- Individual maintains control**
- Higher motivation for change**
- Focus is on resolving the problem**
- Unit only informed of specific duty issues
(weapons bearing, deployability)**
- AFI 44-109, Mental Health, Confidentiality, and
Military Law**
 - Air Force policy encourages seeking needed help**
 - Support from CSAF, to MAJCOMS, to the 437 AW**



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Dealing With Problems Early

- **Helps prevent the “snowball effect”**
- **Prevents poor decision making: alcohol or drug abuse, spouse abuse and divorce, being seen as “unit problem child”**
- **Builds hope that things CAN get better**
- **Keeps common stress reactions from becoming illnesses (mental or physical)**
- **Quality-of-life and work are maintained**



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Take Care of Yourself and Those Around You

Seek help as soon as possible if you:

- don't see a future without pain
- can't get out of a depression
- see yourself as worthless
- can't seem to get control of your life
- feel intolerably agitated or restless
- feel all alone
- feel hopeless; that there's no good solution to fix your problem
- are experiencing a tremendous amount of guilt
- can't stop thinking about the same bad thing

**But especially if you have thoughts of hurting
yourself**



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Common Concerns About Seeking Help

- **What is the level of confidentiality**
- **How it might impact special duty status: weapons bearing, security clearances, deployability**
- **How this might impact eligibility for promotion and career advancement**



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About Confidentiality

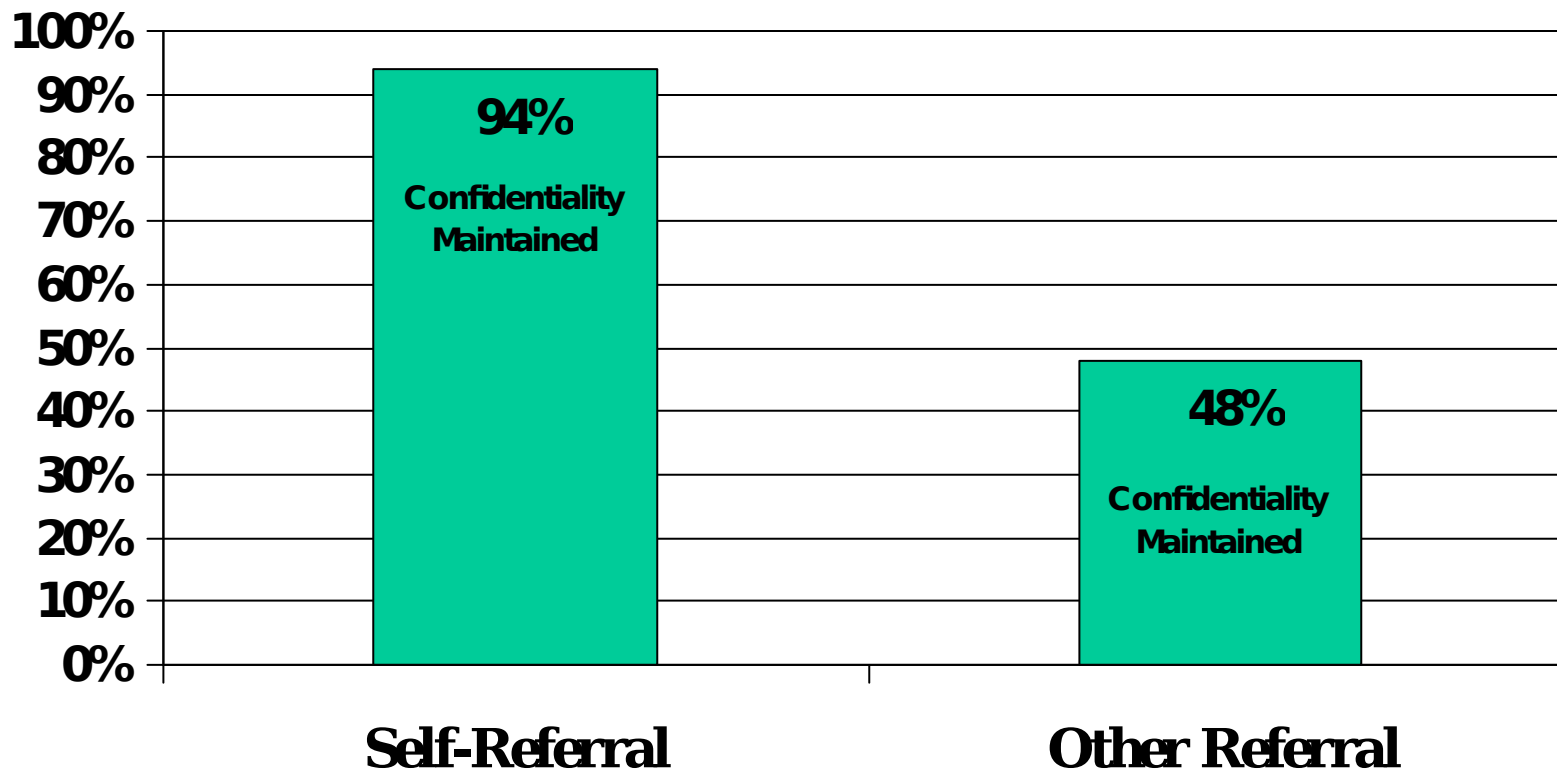
- **Some people fear seeking help because they “don’t want it in their record.”**
- **FACT: Visits to Life Skills Support Center providers are not entered into the Personnel Information File (PIF)**
- **FACT: Just because a brief statement of your visit is in your medical record does NOT mean everyone knows your business**
ps. If you do anything illegal or immoral see a chaplain. The other 95% can go to Life Skills



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Advantages and Consequences of Seeking Help

Type of Referral to Mental Health and Whether Confidentiality was Maintained



Reference: Demographic, Clinical, and Military Factors Related to Military Mental Health Referral Patterns, Capt. Rowan, USAF BSC, Military Medicine Vol. 16, June 1996, page 324. **Note: This study examined 693 cases of active duty members from all service branches seen in an Air Force outpatient mental health clinic over a 3-year period, 74% Air Force, 18% Army, 9% Navy and Marines.**



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Disqualification

- **Security clearances, Personnel Reliability Program, Deployability**
- **One study found that of 500 active duty Air Force members referred, only 2% were disqualified**
- **Members often disqualify themselves not LSSC knowing they are “not 100%” at the moment. Most are requalified <30 days**



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Asking for Help

- **Willingness to ask for help or assistance for oneself is just as important as watching out for others in the Air Force community**
- **Asking for help is considered an act of personal strength and self-protection**
- **Senior AF leadership is clearly supporting seeking help.**
- **Yes some people still have a stigma about it but only a fool would give you trouble for seeking help in today's environment**
- **You CAN feel better and be more successful at work, in relationships, and in life**
- **Everyone needs info, skills, support now and then**



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Buddy Care





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Key Issues to Look For

- **Multiple co-occurring problems**
- **Relationship problems!!!!!!!**
- **Financial problems**
- **Under investigation**
- **Legal or work problems**
- **Alcohol misuse**
- **Experienced a recent or severe loss**



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Myths and Misconceptions

- **People who talk about suicide won't do it**
- **They are just whining and looking for attention**
- **Most suicides occur with little or no warning**
- **Suicidal people are “crazy”**
- **If someone wants to kill him or her self nothing will stop them**
- **Suicidal people are not willing to seek help**
- **Talking about suicide will give someone the idea to kill him or her self**

LOOK

INQUIRE

NOTE

KNOW

The most important thing is to LOOK. This means to be aware of the indicators of potential vulnerability for suicide. If you become concerned, INQUIRE. Talk with them about what is going on NOTE the seriousness of their concern. Ask directly if they are considering suicide. KNOW how to get help!



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Helpful Approaches

- **Share your concerns about them**
- **Be honest and direct**
- **Use open-ended questions like, “How are things going?”**
- **LISTEN, key on their emotions**
- **Express caring and hope**
- **Repeat in your own words what you hear them saying**
- **Ask whether they have thoughts or plans for suicide**
- ***Be a lifesaver NOT a roadblock***



Unhelpful Approaches

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- **Being judgmental - “How could you say that!”**
- **Dismissing their feelings, “Oh that happened to me and I got over it, so will you.”**
- **Lecturing or debating with the person**
- **Daring them to do it**
- **Acting shocked, “Not you, you’re always the strong one.”**
- **Leaving them alone - No they won’t be alright, and time won’t make everything OK**
- **Promising secrecy, “I’ll never tell.”**



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Immediate Action Required: KEEP THEM SAFE

If someone says they are suicidal and they have a plan to carry out their wish to die:

- **call 911 or base emergency number**
- **escort to emergency department or counseling services**
- **don't leave them alone for any reason**
- **remove all potential means of self-harm**
- **involve security, if necessary**
- **notify their chain of command**

BOTTOM LINE - trust your gut but don't ignore the risk factors you learned today



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Commander-Directed Evaluation

- **Commander-Directed Evaluation** (AFI 44-109)
 - **Only Commander can direct**
 - **Commander first consults with mental health provider to determine appropriateness of request**
 - **Evaluates member's dangerousness to self and others, fitness for duty, and suitability for service**
 - **Ensures members get help needed**
 - **Rights of referred airman**
 - **Legal counsel/ IG; congressional etc.**
 - **Protected from reprisal**
 - **Not a tool for punishment**
 - **2 duty days written notice (except in emergencies)**



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Non-Emergency Situations

- Remember who, what and where your community-based resources are to provide needed assistance
- Encourage your buddy or colleague to get help
- Offer to accompany them, if need be
- Help them find skills to tackle the problems: Family Support Center classes, chaplain counseling, local support groups, the web - “Take Charge of Your Life” a skills-based internet program at

<http://www.geocities.com/lifeskillspage/>



When a Suicide Occurs

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- **Despite everyone's best efforts, someone may still take their life**
- **"In a sense, no one deserves to be blamed for something that cannot ultimately be controlled - the volition and act of another autonomous human being"**

David A. Jobes, et al, *Comprehensive Textbook of Suicidology*

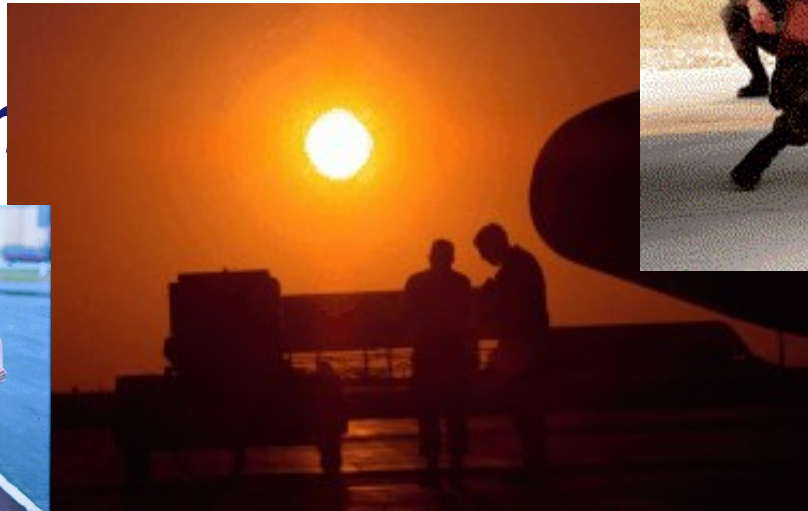
- **Our goal is to do all we can to encourage the choice to live and give them the tools to live life well**



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Be Smart About Human Factors ORM

***A healthy and fit
force
increases resiliency
to
overcom***



***In this time of
tremendous
stress, let us truly
be an Air Force
family and caring
community***

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